



Cleveland State University

Campus Recreation Services

Please print legibly.

Name: _____

Student ID #: _____

Date of Birth: _____

Telephone Number: _____

Emergency Contact Name & Telephone Number: _____

ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY

As consideration for the opportunity to use the property, facilities, equipment, and/or services of the Recreation Center and/or to participate in Recreation Center activities, I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- I am at least 18 years of age. ____ yes ____ no (**If no, see below****)
- I understand and agree that my use of the property, facilities, equipment, and/or services of the Recreation Center and/or my participation in Recreation Center activities is strictly voluntary.
- I acknowledge that Cleveland State University has provided me with a copy of the policies and procedures of the Recreation Center and that I have read and understand these policies and procedures. I agree that if I have any question(s) about these policies and procedures, I will direct such question(s) to a Campus Recreation Services Staff Member.
- I acknowledge that I have the physical ability, skills, qualifications, and training necessary to properly and safely use the property, facilities, equipment, and/or services of the Recreation Center and/or to participate in Recreation Center activities. I agree that if I have any question(s) as to what physical ability, skills, qualifications, or training is necessary for me to properly and safely use the property, facilities, equipment, and/or services of the Recreation Center and/or to participate in Recreation Center activities, I will direct such question(s) to a Campus Recreation Services Staff Member.
- I understand that my use of the property, facilities, equipment, and/or services of the Recreation Center and/or my participation in Recreation Center activities present certain risks of injury including but not limited to personal injury or death. Understanding the risk involved, I knowingly and voluntarily choose to take these risks in order to use the property, facilities, equipment, and/or services of the Recreation Center and/or to participate in Recreation Center activities.
- I understand and agree that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover injury or illness which may result from my use of the property, facilities, equipment, and/or services of the Recreation Center and/or my participation in Recreation Center activities. I understand that the State of Ohio, Cleveland State University, the Board of Trustees, and Campus Recreation Services do not provide insurance for any injury or illness which occurs as a result of my use of the property, facilities, equipment, and/or services of the Recreation Center and/or my participation in Recreation Center activities.
- In case of emergency, accident, illness, or other incapacity which occurs while I am using the property, facilities, equipment, and/or services of the Recreation Center and/or participating in Recreation Center activities, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I forever release the State of Ohio, Cleveland State University, the Board of Trustees, and Campus Recreation Services, together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my use of the property, facilities, equipment, and/or services of the Recreation Center and/or my participation in Recreation Center activities I understand that this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY binds my heirs, executors, administrators, and assigns, as well as me.

****IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE,
THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN BELOW.**

Participant's Name (Please Print) _____

Participant's Phone _____

Participant's Address _____

I have read and fully understand the entire ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY and my signature below confirms my full understanding and voluntary acceptance of such ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY.

Participant's Signature: _____

Date: _____